SEAL AFTERMARKET
P R O D U C T S
your source for engineered solutions

CREDIT CARD PAYMENT FORM

CUSTOMER ACCOUNT #: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

COMPANY NAME: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

TYPE OF CARD: *circle one* (***American Express, Visa, Master Card, Discover***)

CARD HOLDER'S NAME: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

CREDIT CARD NUMBER: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

EXPIRATION DATE: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

CVV NUMBER: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯
(Three Digit Number in back of Card, following account number)

COMPLETE BILLING ADDRESS OF CARD:

⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

AMOUNT TO BE CHARGED US$: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

INVOICE # OR SO #:   ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

CARDHOLDER'S SIGNATURE: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

                DATE: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

___**Option 1:** Please store my credit card information, I will contact you every time I'd like to process a payment.
___**Option 2:** Please store my credit card information, you may process the payment when my invoice is due.
___**Option 3:** I do not wish to store my credit card information at Seal Aftermarket Products. I will call SAP every time I'd like to use a Credit Card.